

## Side Arm Certification

1. Name of Applicant: (Print)		2. Agency Name and Address:	
3. Type of Course:	4. Location of Course:	5. Name of Instructor:	6. Telephone Number of Instructor:
7. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Private Investigation & Security Board?  <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Peace Officers?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
OR		If Yes, attach proof of training.	
Type of Weapon:	Caliber/Model No.:	Automatic/ Revolver:	Barrel Length:
No. 1			
No. 2			
No. 3			
Signature of Certified Instructor:			
X _____ Date: _____			
I attest that the above information is correct and truthful to the best of my knowledge.			
X _____ Date: _____			

**Range score required each year prior to September 30<sup>th</sup> along with \$20.00 fee.**